

## ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

WWR000014399

12/30/98

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MEINEKE MUFFLER NO:1298 804 WEST MAIN ST BRIDGEPORT , WV 26330 CHRIS SELLARO MGR

INSTALLATION ADDRESS

804 WEST MAIN ST BRIDGEPORT, WV 26330

EPA Form 8700-12A (1/98)

completing this form. The information requested here is required by taw (Section 3010 of the Resource Conservation and



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Installation's EPA ID Number (Mark 'X' in the appro	priate bo	x)		·						
A. Initial Notification B. Subsequent (Complete its	/N/	C. Ir	stalla	tion's E	PA ID N	1.1.	3 9	a		
. Name of Installation (Include company and specific		ne)	IVV	VII	$ \mathcal{U} $	D   U		17 1	9 17	
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II. Location of Installation (Physical address not P.O.	Boxori		/	4	101	- !.		1 .	!_	
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County Code County Name		<del>.</del>			•	· ·	· · ·	·	·.	
0313Halvivision	<u> </u>									
V. Installation Mailing Address (See Instructions)								•		
Street or P.O. Box			- T		14					
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City or Town				State	Zip	Code				<u> </u>
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Job Title		Phon	e Num	ber (Are	e Coo	ie and i	Number,	)		
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VI. Installation Contact Address (See Instructions)	<b>&gt;</b>									
A. Contact Address Location Mailing B. Street or P.O. Box						•:	in a prosition of			
City or Town				State	Zip	Code		ing Park Tipe of		
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VII. Ownership (See Instructions)								, ,		
A. Name of installation's Legal Owner	party species								<b>4</b>	
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Street, P.O. Box, or Route Number	M(4)	11				<del></del>	1,1			l
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Bridgeport				0/	14	3 9	1/2	<u> </u>	ate Cha	

## RECEIVED

ID - For Official Use Only

Vill. Type of Regulated	Waste Activity (Ma	tk-'X3inghpag@ropriat	e boxes. Refer to ins	tructions)					
		B. Used Oil Recycling Activities							
b. 100 to 1000 kg/m  c. Less than 100 kg  Transporter (Indicated South S	on (2,200 lbs.) no (220-2,200 lbs.) g/mo (220 lbs) ate Mode in boxes 1- only purposes	instructions.  4. Hazardous W a. Generator I b. Other Mark c. Boiler and/o 1. Smelte 2. Small o Indicate Typ Device(s) 1. Utility 2. Industr 3. Industr	Note: A permit is this activity, see laste Fuel Marketing to Burner leters or Industrial Furnace r Deferral Quantity Exemption le of Combustion Boiler lai Furnace Injection Control	a. Marketer Doll to Off-Solution Off-Solutio	ler Boiler Furnace nsporter - Indicate ombustion Device(s) er				
IX. Description of Reg	ulated Wastes (Use	additional sheets if ne	cessary)						
A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)  1.Ignitable 2.Corrosive 3.Reactive 4.Toxicity (List specific EPA hazardous waste number(s) for the Toxicity characteristic									
(D002)	(D003) Ci	haracteristic contam	inant(s))						
B. Listed Hazardous V	Vastes. (See 40 CFR	261.31 - 33; See instru	ctions if you need to	list more than 12 wa	ste codes.)				
1         F       O       O       1         7         D       O       O       2	F 0 0 2 8 D 0 0 3	3 F 0 0 3 9 D 0 0 4	F 0 0 4 10 D 0 0 5	5 F 0 0 5 11 D 0 0 6	D 0 D 1 12 D 0 D 7				
C. Other Wastes. (Sta	te or other wastes req	uiring a handler to hav	e an I.D. number; Se	e instructions.)					
D 0 0 8	<b>2</b> D 0 0 9	3 D 0 1 0	D 0 1 1	<b>5</b> D 0 1 8	6       D 0 1 9				
X. Certification	and the state of t	organis <mark>as, austrias de qui de mandis, de p</mark> eriopare d'albument de la constitución de la	native training for material for ment of the	8	No.				
a system designed to as person or persons who	ssure that qualified per manage the system, or wiedge and belief, true	sonnel properly gather those persons directly , accurate, and complet	and evaluate the info responsible for gathe e. I am aware that the	rmation submitted. E	vision in accordance with lased on my inquiry of the the information submitted salties for submitting false				
Signature '	Kellara	Name and Official Chris S	al Title (Type or pri	anagev	Date Signed 9-21-98				
XI. Comments			and the second s	<b>v.</b>					
DO29, DO30, D	ASTE CODES: 0032, D033, I	D021, D022,	D023, D024,	D025, D02 D038, D039	6, DO27, DO28 , DO40, DO41,				
D042, D043.	(UPDATING W	ASTE CODE NU	MBERS)						